



Accelerated Partial Breast Irradiation (APBI)

Brachytherapy Form

(To be completed by Dosimetrist or Physicist)

Instructions in red are with respect to development of the form in the online database:

- Form to be entered one time per subject treated with brachytherapy.
- Numerical values formatted xx.x unless otherwise specified.
- Specified numeric ranges are inclusive.
- It is possible that different users at an institution will fill out this form. For example, a physicist and dosimetrist may fill out different parts of the form.

APBI Brachytherapy Treatment Details

1. Which breast was treated?
₁ Right
₂ Left
2. What brachytherapy or intraoperative treatment technique was used?
₁ Device-based
₂ Interstitial
3. Specify device-based brachytherapy or intraoperative technique: [If Q2="Device-based"]
₁ MammoSite
₂ Contura
₃ SAVI
₄ AccuBoost
₅ Intraoperative radiotherapy (IORT). Specify system: _____
₆ Other. Please specify: _____
4. Indicate source type:
₁ Iridium-192
₂ Palladium-103
₃ Iodine-125
₄ Cesium-131
₅ Other. Please specify: _____
5. Enter total **prescribed** brachytherapy dose: _____ Gy
6. Enter **prescribed** number of fractions: _____
7. What was the frequency of treatment delivery?
₁ BID
₂ Daily
₃ Other. Please specify: _____
8. Did the patient receive all of the planned dose?
₁ Yes
₂ No
9. If no, enter total **delivered** brachytherapy dose: _____ Gy [If Q8="No"]
10. If no, enter **delivered** number of fractions: _____ [If Q8="No"]